

Reset Form

FORM	(Rev. 07/03) DR-3 NOTICE OF DISSOLUTION
For Office	4778
Indexed Audited Computer	
Certified Da	ate of Dissolution

Notice of Dissolution

GOPAC Iowa
Official Name of Committee
1101 16th Street, NW, #201
Street
Washington, DC 20036
City, State, Zip Code
(202) 464-5170
Area Telephone Code

Mail to: IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

- 1. All debts, loans and obligations have been paid or transferred;
- 2. All campaign funds have been spent;
- 3. All campaign property sold or transferred (candidates only); and
- 4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

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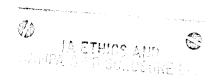
Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073





2008 OCT -3 AM 9: 35

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rax. 515-261-4075	DISCLOSUR	E SUMMARY PAGE		
COMMITTEE NAME (Mus	t be same as on Statement of O	rganization)	l _	
GOPAC Iowa		FORM		
(1)Statewide/Legislative/Jud (4)County Central Committee	ype of committee you are reporting for ge Standing for Retention Candidate e (5) County Candidate (6) City Ca punty PAC (9) City PAC (10) Scho	or: 2	F.	DR-2 Rev. 07/2007) DISCLOSURE REPORT OF OFFICE Use Only omm. #
CANDIDATE COMMITTE Candidate Name	ES ONLY:	Political Party (if applicable)	Lo	ogged In
Office Sought		District (if Senate or House)		omputerudited
Late reports are subject to po	9	Pursuant to Iowa Code sections 68B.32A(7) a	and 68.	A.401(3), the candidate, for a
011/	2000			
AM FILING A October 19	9, 2008	REPORT FOR (1) ELECTION /(2)I		ELECTION YEAR.
	(report date)	Indicate by # 1	J	
CHECK IF AMENDMENT	TO REPORT DATED	Loca	I Com	mittees, enter Date of Election
(You must continu	nination) report and attach Notice e to file reports until a DR-3 is fil	ed.)		ocal Committees, enter County in tion is held
STATE	MENT OF CASH ON HAI	ND		
committee. This a	inning of the reporting period. (mount MUST be the same as th g period or must be zero if this is		\$	634.09
ADD TOTAL MON	IEY TAKEN IN THIS PERIOD			0.00
Schedule A: Cash	Contributions total (Attach Sche	edule A) (*also see in-kind below)		0.00
Schedule F: Loan	s Received total (Attach Schedu	le F)	••••	0.00
	, , , , ,	ttach Schedule H)		0.00
(Schedul	e H applies to Candidates' Cor	<u>nmittees Only)</u> SUB-TOTAL	\$	634.09
SUBTRACT TOTA	AL MONEY SPENT THIS PERIO	DD		624.00
Schedule B: Expe	nditures total (Attach Schedule E	3) (**also see debts and loans below)	•••	634.09
Schedule F: Loan	Repayments total (Attach Sched	dule F)		0.00
CASH ON HAND at the end	of this reporting period (if final re	eport balance must be zero)	\$	0.00
*UNPAID BILLS (From Sch	nedule D - Attach Schedule D)		\$	0.00
IN KIND CONTRIBUTIONS	(From Schedule E - Attach Sch	edule E)	\$	0.00
*OUTSTANDING LOANS (From Schedule F - Attach Sched	dule F)	\$	0.00
CONSULTANT BREAKDO	WN (Schedule G Attached?)			_YES <u>√</u> NO
CANDIDATE COMMITTEES	ONLY:			
/ALUE OF CAMPAIGN PR	OPERTY (From Schedule H - At	tach Schedule H)	\$	
STATE COMMITTEES: Sui	omit a reconciled campaign acco	ount hank statement in January of each yea	ar	

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

	SCHEDULE	
	_	
1	В	MONETARY
	(Rev. 07/03)	EXPENDITURES
	(1.01. 01100)	DU ENDITORES
		CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
GOPAC Iowa

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/29/08	ID# CK#	BB&T 1909 K St. NW Washington, DC 20006	Bank charge	\$ 5.00
09/22/08	ID# CK#91	GOPAC 1101 16th St., NW Washington, DC 20036	transfer of excess funds for the purpose of termination.	629.09
	ID# CK#			
	ID#			
	CK#			
	ID# CK#			
	ID#			
	CK#			
	CK#			
	ID# CK#			
	<u> </u>		SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 634.09

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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